

ELECTION FRAUD AND ACCESSABILITY GRIEVANCE FORM

Indiana Secretary of State HAVA Division

Indiana Government Center South 302 West Washington Street, Room E-111 Indianapolis, Indiana 46204 Telephone: (866) 461-6683

	PERSON FIL	INC FORM		
Name	PERSON FIL	ING FORM		
Name				
Address (street and number, city, state, ZIP code)			County of resid	dence
Email address (optional)	Day Telephone		Evening Telep	phone
NA NA	TURE OF THE	E GRIEVANCE		
Please describe the nature of the complaint: (Attach additional Grievance sheets if necessary)				
Have you filed this complaint with your county election board?				
Yes No				
NOTARY CERTIFICATE				
STATE OF) cc.		
COUNTY OF		ss:		
I, swear or affirm that the information set forth above is true to the				
best of my knowledge and belief.	1	Cincolar (Notes Debli	_	
Signature		Signature of Notary Public	U	
Print or typed name		Print or typed name of Notary Public		
Date subscribed and sworn to Notary Public		County of Residence		Date commission expires

Voters with disabilities needing assistance regarding accessibility issues may also contact the Indiana Protection and Advocacy Services at:

4701 N. Keystone Ave. #222 Indianapolis, IN 46205 (toll free) 800-622-4845 (TTY) 800-838-1131